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United States  
Department of  
Agriculture

Animal and  
Plant Health  
Inspection  
Service

Policy and Program Development  
4700 River Road, Unit 149  
Riverdale, MD 20737-1237  
Telephone: 301/734-8963

ENQL 7-1 CY03  
PERMANENT  
Retire 11/08

November 21, 2003

Document Processing Desk [6(a)(2)]  
Office of Pesticide Programs (7504C)  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460-0001

ATTN: Norman Spurling

SUBJECT: FIFRA, Section 6(a)(2) report; single adverse effects incident

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period of March 1, 2003 through May 31, 2003:

EPA Reg. No. 56228-15M-44 Cyanide Capsules  
Active Ingredient: CAS No. 143-33-9  
Sodium Cyanide

<u>Incident Category</u>	<u>No. of Incidents</u>
W-B	3

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail [kenneth.dial@aphis.usda.gov](mailto:kenneth.dial@aphis.usda.gov).

Sincerely,

Carl Bausch  
Chief, Environmental Services  
Policy and Program Development

Enclosure

**APHIS** Safeguarding American Agriculture  
APHIS is an agency of USDA's Marketing and Regulatory Programs  
An Equal Opportunity Provider and Employer

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U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE  W-B	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 3-5-03 <input type="checkbox"/> Update	Date of last submission	3-5-03	
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE	COUNTY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

M-44 discharge

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

rangeland/pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

M-44's maintained on property

EPA REGISTRATION NUMBER	PRODUCT NAME	ACTIVE INGREDIENT	
56228-15	M-44 Cyanide Capsule	Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable) N/A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44s set on property to protect cattle from predation by coyotes. M-44 was discharged by one non-target skunk.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED  1
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SPECIES COMMON NAME striped skunk	BREED (if known)
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

killed

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

n/a

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

none

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

M-44 capsule

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes   ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Pasture      (Resource was calves.)

ADDITIONAL FACTORS

NAME OF PREPARER	SIGNATURE	DATE
NAME OF SUPERVISOR	SIGNATURE	DATE

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

**6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT**

INCIDENT CODE	INCIDENT STATUS		DATE WE BECAME AWARE OF THE INCIDENT	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New      2-12-03	<input type="checkbox"/> Update		
W-B			2-12-03	

EMPLOYEE NAME (To contact for additional information)	TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER

DUTY STATION ADDRESS	ADDRESS

INCIDENT LOCATION			SOURCE OF INFORMATION
CITY	STATE	COUNTY	
			<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

M-44 discharge

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

rangeland/pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)

M-44's maintained on property

EPA REGISTRATION NUMBER	PRODUCT NAME	ACTIVE INGREDIENT	
56228-15	M-44 Cyanide Capsule	Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable) N/A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

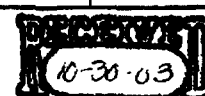
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes      ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44's set on property to protect cattle from predation by coyotes. M-44 was discharged by one non-target raccoon.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE



DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED  1
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SPECIES COMMON NAME raccoon	BREED (if known)
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

killed

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

n/a

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

none

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

M-44 capsule

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes   ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Pasture      (Resource was calves.)

ADDITIONAL FACTORS

NAME OF PREPARER	SIGNATURE	DATE
NAME OF SUPERVISOR	SIGNATURE	DATE

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE  W-B	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT  3-4-03	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 3-4-03	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE	COUNTY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

M-44 discharge

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rangeland/ pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

M-44's maintained on property

EPA REGISTRATION NUMBER  56228-15	PRODUCT NAME  M-44 Cyanide Capsule	ACTIVE INGREDIENT  Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)  N/A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

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NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED  1
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SPECIES COMMON NAME striped skunk	BREED (if known)
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

killed

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

n/a

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

none

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

M-44 capsule

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes   ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Pasture      (Resource was calves.)

ADDITIONAL FACTORS

NAME OF PREPARER	SIGNATURE	DATE
NAME OF SUPERVISOR	SIGNATURE	DATE